

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>EMERGENCY COMMITTEE FOR ISRAEL</b>		3. FEC Identification Number <b>C</b> <b>C90013244</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>11 DUPONT CIRCLE NW SUITE 325</b>		
(c) City, State and ZIP Code <b>WASHINGTON DC 20036</b>		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☒ October 15 Quarterly Report  
☐ January 31 Year-End Report
- ☐ 24-Hour Report  
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

## 5. COVERING PERIOD: FROM

**07** / **01** / **2012**  
 THROUGH  
**09** / **30** / **2012**

6. TOTAL CONTRIBUTIONS .....

**0.00**

7. TOTAL INDEPENDENT EXPENDITURES .....

**271981.00**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*[Electronically Filed]*

Noah Pollak

Noah Pollak

10/15/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 5  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

EMERGENCY COMMITTEE FOR ISRAEL

Full Name (Last, First, Middle Initial) of Payee Craft Media/Digital		Date MM / DD / YYYY 07 / 25 / 2012	
Mailing Address 1600 K St., NW Suite 300		Amount 3500.00	
City Washington	State DC	Zip Code 20006	
Purpose of Expenditure Newspaper Advertising Production		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3500.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Craft Media/Digital		Date MM / DD / YYYY 08 / 03 / 2012	
Mailing Address 1600 K St., NW Suite 300		Amount 6500.00	
City Washington	State DC	Zip Code 20006	
Purpose of Expenditure TV Advertising Production		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 60616.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Craft Media/Digital		Date MM / DD / YYYY 08 / 28 / 2012	
Mailing Address 1600 K St., NW Suite 300		Amount 7500.00	
City Washington	State DC	Zip Code 20006	
Purpose of Expenditure Online Advertising Production.		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 187956.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		17500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 3 OF 5  
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NAME OF FILER (In Full)

EMERGENCY COMMITTEE FOR ISRAEL

Full Name (Last, First, Middle Initial) of Payee Craft Media/Digital		Date MM / DD / YYYY 09 / 13 / 2012	
Mailing Address 1600 K St., NW Suite 300		Amount 7500.00	
City Washington	State DC	Zip Code 20006	Transaction ID : F57.4165
Purpose of Expenditure TV Advertising Production	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 210456.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Media Buy, LLC		Date MM / DD / YYYY 07 / 25 / 2012	
Mailing Address 60 5th Street		Amount 40441.00	
City Providence	State RI	Zip Code 02906	Transaction ID : F57.4139
Purpose of Expenditure Newspaper Advertising Buy	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 43941.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Smart Media Group, LLC		Date MM / DD / YYYY 08 / 03 / 2012	
Mailing Address 814 King Street Suite 400		Amount 100240.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : F57.4148
Purpose of Expenditure TV Advertising Buy	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 160856.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		148181.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 4 OF 5  
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NAME OF FILER (In Full)

EMERGENCY COMMITTEE FOR ISRAEL

Full Name (Last, First, Middle Initial) of Payee Smart Media Group, LLC		Date MM / DD / YYYY 08 / 27 / 2012	
Mailing Address 814 King Street Suite 400		Amount 19600.00	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure TV advertising buy.		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 180456.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Smart Media Group, LLC		Date MM / DD / YYYY 08 / 28 / 2012	
Mailing Address 814 King Street Suite 400		Amount 12500.00	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure Mobile Ad Buy.		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 200456.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Smart Media Group, LLC		Date MM / DD / YYYY 08 / 28 / 2012	
Mailing Address 814 King Street Suite 400		Amount 2500.00	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure Advertising Design and Placement.		Category/ Type	004
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202956.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		34600.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

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NAME OF FILER (In Full)

EMERGENCY COMMITTEE FOR ISRAEL

Full Name (Last, First, Middle Initial) of Payee Smart Media Group, LLC		Date MM / DD / YYYY 09 / 13 / 2012	
Mailing Address 814 King Street Suite 400		Amount 61525.00	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure TV Advertising Buy		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 271981.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee The Jerusalem Post		Date MM / DD / YYYY 07 / 25 / 2012	
Mailing Address The Jerusalem Post Building PO Box 81		Amount 10175.00	
City Jerusalem	State ZZ	Zip Code	
Purpose of Expenditure Newspaper Advertising Buy		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 54116.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		71700.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)		271981.00	